

Mary Adelia Athey

Town

County

Died at

Lawnsbland

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

July 18

Age 27

Male

White

Married

Widow

Female

Elder

Single

Widower

Divorced

Number of children living

None

Husband

of

Wife

Father's

Name

Phillip Athey

Mother's

Maiden Name

37

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. B. Ward, M.D.

Address

Timberland

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Philip Williams Avritt

Town

County

Died at

Cumberland

County

Albany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 31

Age

36 -

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

One.

Husband of

Mary Goodwin

Father's

Jas. B. Avritt

Mother's

Maiden Name

Mary Williams

Cause of

Primary

How long sick

Death

Immediate

Typhoid Fever

Intestinal perforation

Accident, Suicide, Homicide

Reported by

Arthur H. Hawkins M.D.

Cumberland, Md.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lev Bach

Town

County

MARYLAND

Died at

Lunderland

Allegany

Month Day

Y. M. D.

Native of

Occupation

Date 1902

July 14

3 14

now

clerk

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

0

Husband of

Wife

Father's Name

Frank Bach

Mother's

Maiden Name

May O'Beirne

61

How long sick

14 days

Accident, Suicide, Homicide

Cause of Death

Primary

Acute meningitis

Immediate

Cannabis

Reported by

J. W. Johnson  
Lundell, MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Wm Barensky*

Town

County

MARYLAND

Died at

Cumberland Allegany

Date 19

Month Day

Y.

M.

D.

Native of

Male

White

Age 7

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

*Wm Barensky*

Mother's

Maiden Name

166

Cause of

Primary

Injury to Foot

How long sick

24 hours

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

B.C. Miller

Address

Cumberland



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Robert F. E. Bausch*

Town

County

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 23

Male

White

Age  
Married

-5-

Widow

Native of

Occupation

Female

Colored

Single

Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's

*R. E. Bausch*

Maiden Name

105

How long sick

Cause of Death

Primary

*Cholera Typhoid*

Immediate

*Inflammation*

Accident, Suicide, Homicide

Reported by

*Eisleybrook*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ulysses Brown Jr.

Town

Cumberland

County

Allegany

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7 18

Age

1

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Cause of

Primary

Death

Immediate

Ulysses B.

Mother's  
Maiden Name

95

Sarah Wilson

How long sick

Accident, Suicide, Homicide

Reported by

Jno Thompson

Address

137 Mechanics



Died at

Date 19

Female

Husband of

Wife

Father's

Name

Cause of

Primary

Immediate

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bridget Cosgrove  
 Paiglum Cund Allegany MARYLAND  
 Town County  
 Allegany  
 Month Day M. D. Native of Occupation  
 02 7 - 4 70 - Ireland Housewife  
 Whites Married Widower Divorced  
 Colored Single Widower Number of children living

Mother's  
 Maiden Name

120

How long sick

Accident, Suicide, Homicide

C.H. Brace





Name in Full

Certificate of Death

Horace Crawford

Town

County

Died at

Circusland, Allegany

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 July 31

-9-

Male

White

Age

Widow

Female

Colored

Married

Widower

Divorced

Single

Number of children living

Husband of

Wife

Father's Name

David

Mother's Maiden Name

Hattie

Cause of

Primary

Dysentery

How long sick

Death

Immediate

14

3 days

Accident, Suicide, Homicide

Reported by

O. Claybrook

Address

X

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Elsie Danforth

Town

County

MARYLAND

Died at

Burkburnett

Allegany

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Sew. Danforth

Mother's  
Maiden Name

Lila Holden.

Cause of

Primary

Convulsions.

How long sick

Two days.

Death

Immediate

71

Accident, Suicide, Homicide

Reported by

H. R. Miller

Address

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



# Theodore Roosevelt Davis

Died at So Cumberland Town allegany County MARYLAND

Date 1902	Month July	Day 2	Y. 4	M. 12	D. 0	Native of So Camb,	Occupation —
Male	White		Age			Divorced	
Female	Colored		Married			Widower	Number of children living
Husband of							
Wife							

Father's Name	Benj F. Davis	Mother's Maiden Name	Eviline V. Hensler
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Cause of Death	Primary	Granition (Malaria)	How long sick
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Death	Immediate	Exhauisition	Accident, Suicide, Homicide
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Reported by W. L. Broadbump M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



100 1/2 acre

Cumberland  
LIBRARY BUREAU, 79895



Annie ~~Dix~~ Seely-

Died at	Town	County	Native of		Occupation
	Frederick	Allegany	5 weeks		MARYLAND
Date 1902	Month July	Day 26	M.	D.	
Male	White	Age 5 weeks	Widow	Divorced	
Female	White	Married	Widower	Number of children living	
White		Single			

Husband of \_\_\_\_\_

Wife

Father's Name

Mother's Maiden Name Annie Seely-

151

Cause of Death Primary

Death Immediate

How long sick  
5 weeks

Accident, Suicide, Homicide

Reported by Arthur H. Hawkins

Address Cumbrland

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

96 Thomas

Died at

Date 19

Male

Female

own

Month

Day

White

County

Y.

M.

D.

Age

Married

Single

Native of

Widow

Divorced

Occupation

MARYLAND

Husband of

Wife

Father's Name

Cause of Death

Primary

Death

Immediate

Mother's

Maiden Name

178

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. C. Cobey  
Fronton Jr.

C.H.M.

M. Savoie

Defeat of War Dryer

Town

County

Died at

Town

County

MARYLAND

Died 1902 May 16

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

151

Mother's  
Maiden Name

Mabel Strong

Cause of

Primary

Protracted birth

How long sick

Death

Immediate

Spasms

4 days

Reported by

Eliza Grace

m 5

Accident, Suicide, Homicide

Address

of Ambon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Feathers

Town  
Pinto

County  
Allegany

MARYLAND

Died at

Date 1902

Month

Day

Age

Y. M. D.

Native of

Occupation

Male

Female

White

Black

Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Wife

Father's

Name

W. H. Feathers Mother's  
Maiden Name Loretta Holliday

Cause of

Primary

Burned

How long sick

Death

Immediate

167

Accident, Suicide, Homicide

Reported by

James Feathers

Address

Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Lloyd		Feathers		Native of		Occupation	
Town	Pinto	County	allegany	Y.	M.		D.
Died at	Month	Day	Age	4	—	—	
Date 1902	July	23	4	—	—	—	
Male	White	Married	Widow	Divorced		Number of children living	
Female	Colored	Single	Widower				
Husband of							
Wife							
Father's Name	W. H. Feathers					Mother's Maiden Name	
Mother's Maiden Name		Loretta Holliday					
Cause of Death	Primary	Burned					How long sick
	Immediate						—
Reported by	Misspear					167	
Address	Gloucesterland					Mo	
Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.							



Ellen

Forest-

Town

County

MARYLAND

Died at

Cumberland

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 July 55

Age

- 4 -

-

-

~~Male~~

White

Married

~~Female~~

Colored

Single

Widow

Divorced

Widower

Number of children living

Husband

of ~~Female~~

105

Wife

Father's

Name

H. Forest

Mother's

Maiden Name

Cause of

Primary

How long sick

2 mos

Death

Immediate

Accident, Suicide, Homicide

Reported by

Eliza Daybrook

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Wm Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Burton</u>		Town <u>Burton</u>		County <u>Allegany</u>		MARYLAND	
Date of death <u>1902</u>	Month <u>July</u>	Day <u>31</u>	Age <u>Years</u>	Years <u>51</u>	Months <u>2</u>	Days <u>2</u>	
Sex <u>Male</u>	Color or Race <u>white</u>	Occupation <u>✓</u>		Birthplace <u>Burton</u>			
<u>Married, Single</u> <u>Widowed</u>							
Name of Wife or Husband <u>✓</u>							
Father's Name	<u>Peter Foster</u>		<u>51</u>	Father's Birthplace	<u>Alleg. Co</u>		
Mother's Maiden Name	<u>Julia Kelly</u>			Mother's Birthplace	<u>Alleg. Co</u>		
Name of person giving information	<u>Julia R. Foster</u>			How related to deceased	<u>Mother</u>		
CAUSES OF DEATH							
Primary	<u>Acute mania</u>			How long	<u>2 days</u>		
Immediate				How long			

PHYSICIAN  
OR CORONER

8

Are the name, age, sex, color, date and place correctly given above?

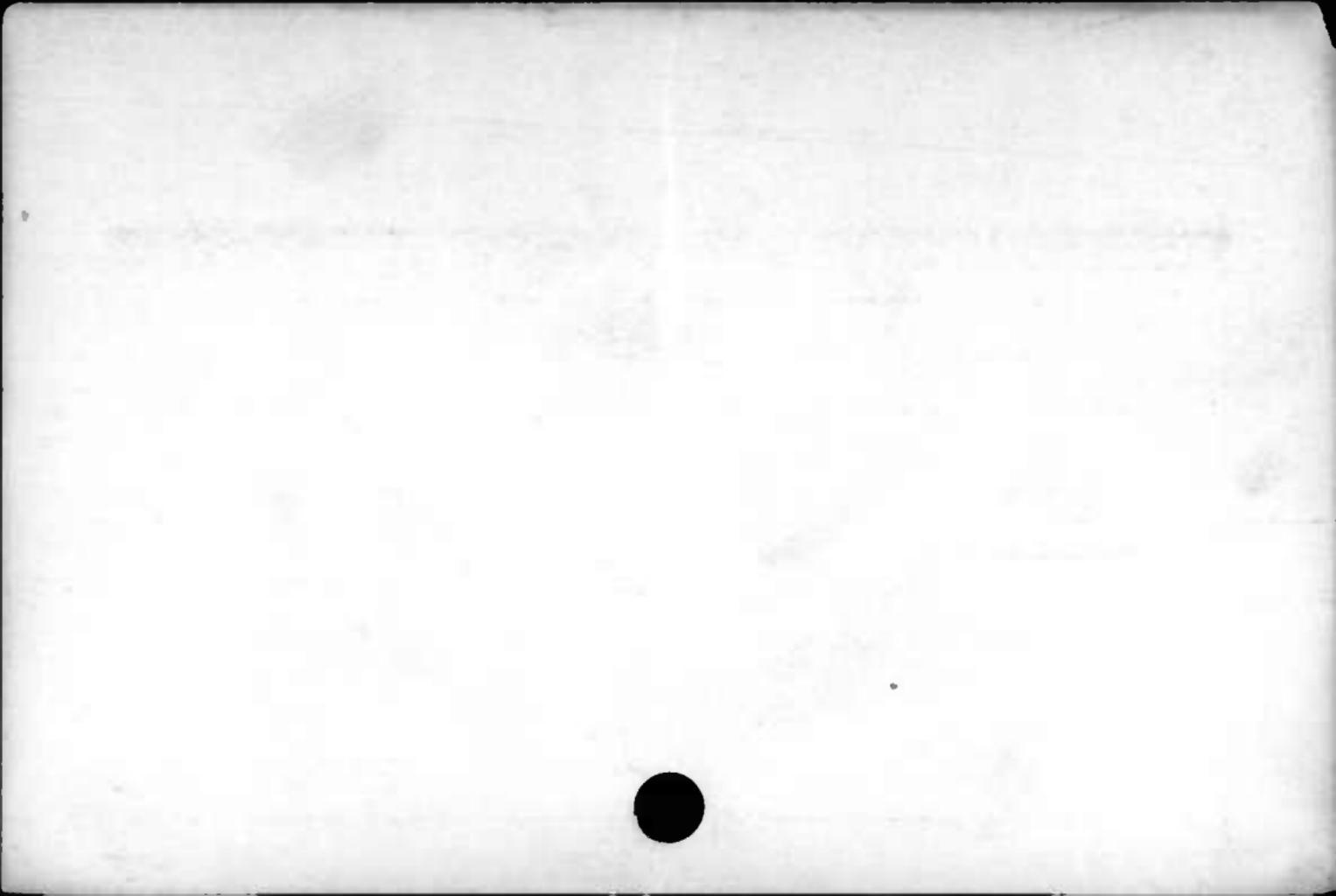
yes

Signature of Physician

Address

S. A. Boucher  
Burton Md

Accident or Suicide?



Name  
in  
Full

Elmonel Sylvester Frank

CERTIFICATE OF DEATH

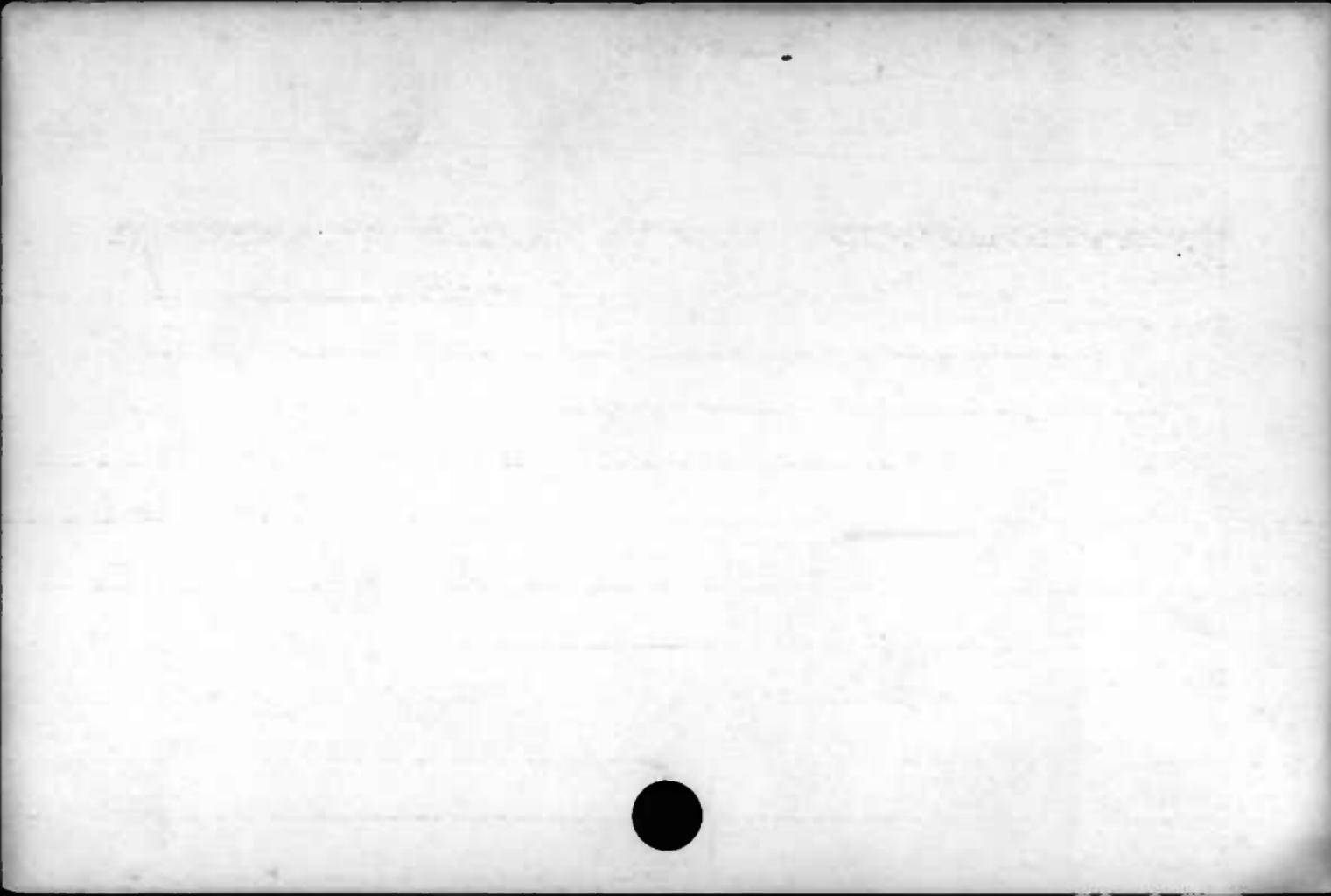
To BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1902	Month	Day	Year	Months	Days	
Sex	Male	Color or Race	Age	Birth- place		
Married, Single or Widowed	Singer	Occupation		home		
Name of Wife or Husband						
Father's Name	Charles S. Frank		105	Father's Birthplace	Ind	
Mother's Maiden Name	Alzora Hendrykeon			Mother's Birthplace	Ind	
Name of person giving Information	Mrs John Frank			How related to deceased	Grandmother	

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Chronic Peritonitis	How long	2 1/2 weeks
Immediate	Strangulation	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	A. S. Lansbury
		Address	Baltimore, Md.
J			
Accident or Suicide			



Annie M Frost

Town

County

Died at

Lemuel

Month

Day

Y.

M.

D.

Native of

MARYLAND

Date 1902

July 1

Age 28

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

2

Husband of

Wife

Father's

Name

Charles Frost

Maiden Name

Gertrude Frost

Cause of

Primary

Phtuus Pulmonalis

How long sick

Death

Immediate

Neuropathy

Accident, Suicide, Homicide

Reported by

J. J. Weller

Address

Lemuel

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

<i>Andrew Gillespie</i>					CERTIFICATE OF DEATH	
Died at <i>Perkin</i>		Town	County <i>Alleghany</i>		MARYLAND	
Date of death 190	Month <i>July</i>	Day <i>15</i>	Age <i>72</i>	Years	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>			Birth-place <i>Ireland</i>		
Married, Single or Widowed <i>Widowed</i>			Occupation <i>miner</i>			
Name of Wife or Husband <i>Anna Callahan</i>						
Father's Name <i>William Gillespie</i>			Father's Birthplace <i>Ireland</i>			
Mother's Maiden Name <i>Anna Daily</i>			Mother's Birthplace <i>Ireland</i>			
Name of person giving Information <i>Margaret Miller</i>			How related to deceased <i>daughter</i>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

*Paralysis*

How long

*two weeks*

Immediate

*heart failure*

How long

Are the name, age, sex, color, date and place correctly given above?

*yes*

Signature of  
Physician

Address

*J. D. Skilling, M.D.  
Longmeadow, Mass.*

*8*

Accident or Suicide?



Name  
In  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

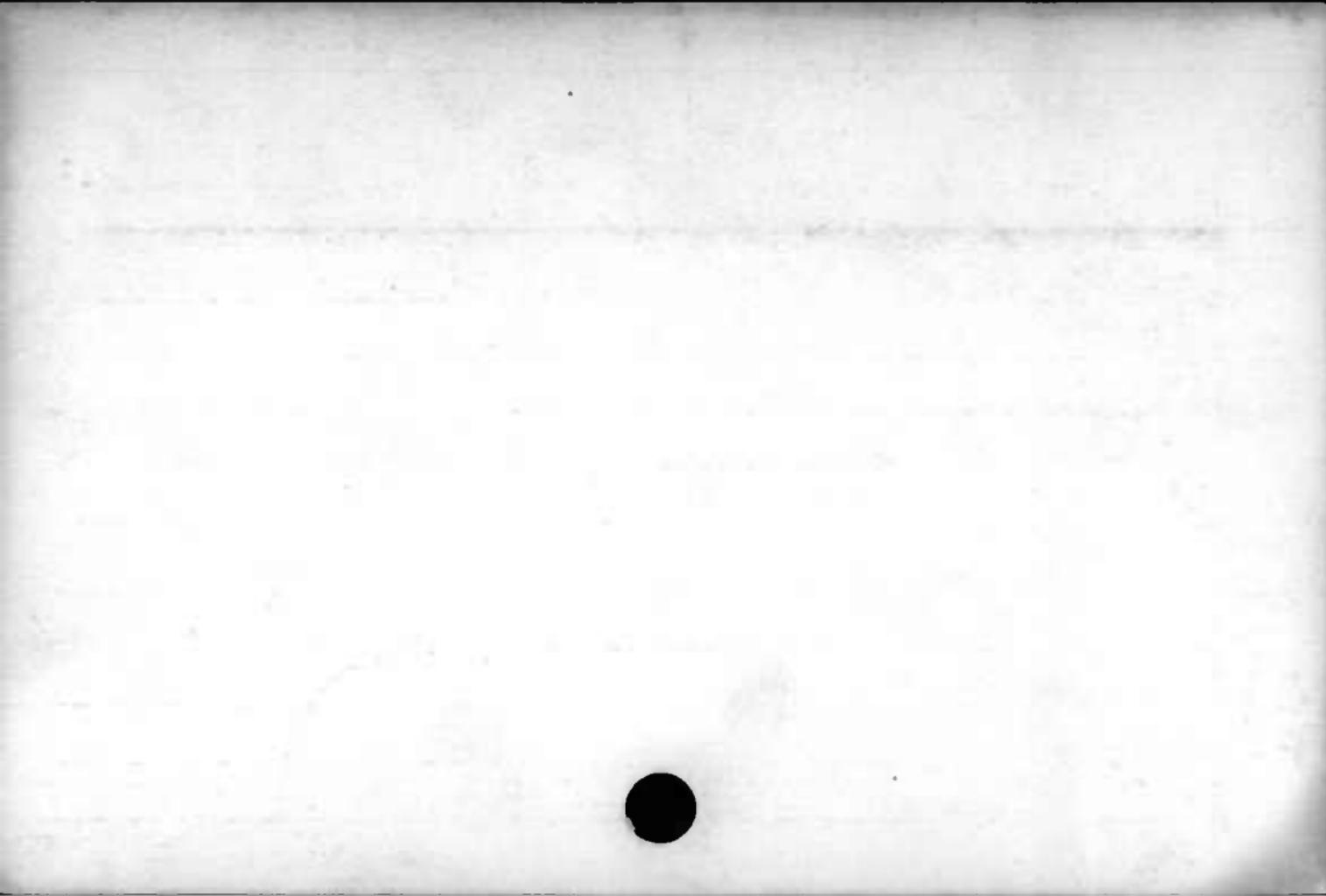
John Grain

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1902	Month 7	Day 20	Age 70	Years	Months	Days	
Sex Male	Color or Race White	Birth- place Germany					
Married, Single or Widowed Married	Occupation Laborer						
Name of Wife or Husband Pauline Grain							
Father's Name Carl Grain	Father's Birthplace Germany						
Mother's Maiden Name Sophie Grain 79	Mother's Birthplace Germany						
Name of person giving Information Pauline Grain	How related to deceased Wife						

CAUSES OF DEATH

Primary	Intellectual Incompetency	How long
Immediate		3 yrs
Are the name, age, sex, color, date and place correctly given above?	Yes	How long
8		
Address	J. N. Leichtman	
Accident or Suicide?		



Michaelina Grzelcs,

Town

County

Died at Midland

Allegheny

MARYLAND

Date 1902 Month July Day 29

Y

M.

F.

Native of

Occupation

Male

Month

White

Day

Age  
Married

Y

M.

F.

Native of

Occupation

Date 1902

Month

Day

Y

M.

F.

Native of

Occupation

Female

Month

White

Age  
Married

Y

M.

F.

Native of

Occupation

Husband of

Month

White

Age  
Married

Y

M.

F.

Native of

Occupation

Wife

Month

White

Age  
Married

Y

M.

F.

Native of

Occupation

Father's

Name

Michael Grzelcs

Mother's

Maiden Name

Agnes Stanwick

Cause of

Primary

Enterocolitis.

How long sick

8 days

Death

Immediate

Exhaustion.

Accident, Suicide, Homicide

Reported by

E. Adelsberger

Address

Midland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Clarence Hager.

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Borden Mine</b>		Town <b>Borden</b> County <b>Alleghany</b>		MARYLAND		
Date of death 1902	Month 7	Day 25	Age 11	Years	Months	Days
Sex <b>Male</b>	Color or Race <b>White</b>		Birth-place <b>Borden Mine</b>			
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name	<b>Chas Hager</b>			Father's Birthplace	<b>Borden Md</b>	
Mother's Maiden Name	<b>Minnie Grode. a</b>			Mother's Birthplace	<b>Eckhart Md</b>	
Name of person giving Information	<b>Dr. H. M. Lane</b>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

**Diphtheria**

How long

**9 Days.**

Immediate

**Heart Failure**

How long

**15 minutes**

Are the name, age, sex, color, date and place correctly given above?

**Yes**

Signature of Physician

**Dr. H. M. Lane**

Address

**Grosburg Md**

**9**

Accident or Suicide?

4700

Name  
in  
Full

Lorenzo Sines

721

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at near Cumberland Town

County Allegany

MARYLAND

Date of death 190	Month July	Day 31	Age 1	Years 1	Months 9	Days 9
Sex Male	Color or Race White	Birth- place <u>Ind.</u>				

Married, Single  
or Widowed Single

Occupation None

Name of Wife or  
Husband Alvin Sines

Father's  
Birthplace  
Ind

Mother's  
Maiden Name

Mother's  
Birthplace  
Ind

Name of person giving  
Information

How related  
to deceased  
105

CAUSES OF DEATH

Primary <u>Cholera Infantum</u>	How long <u>2 wks</u>
------------------------------------	--------------------------

Immediate <u>Tranition</u>	How long
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Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

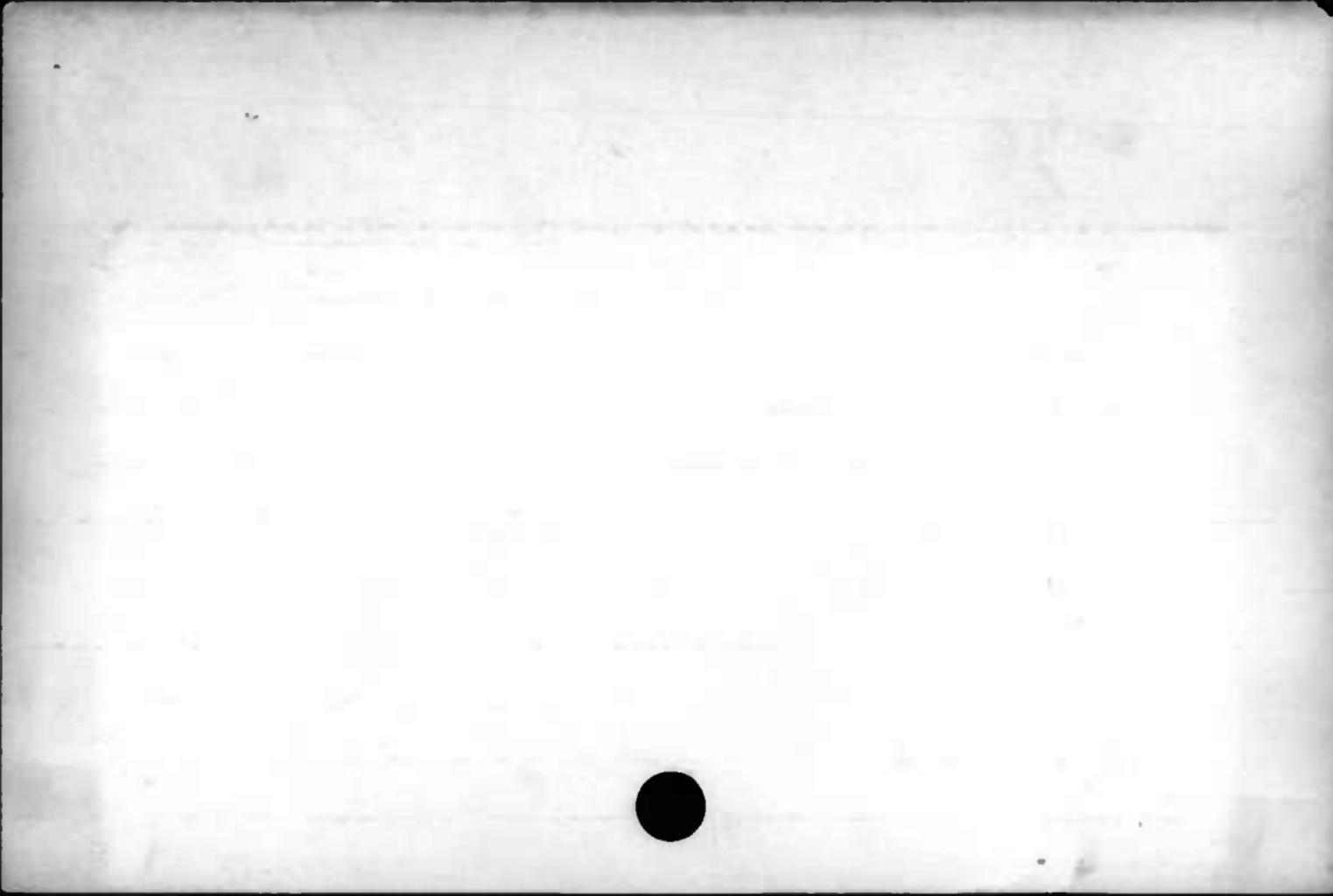
yes

Address

Dr. Slansbury  
Cumberland Ind.

PHYSICIAN  
OR CORONER

Accident or Suicide?

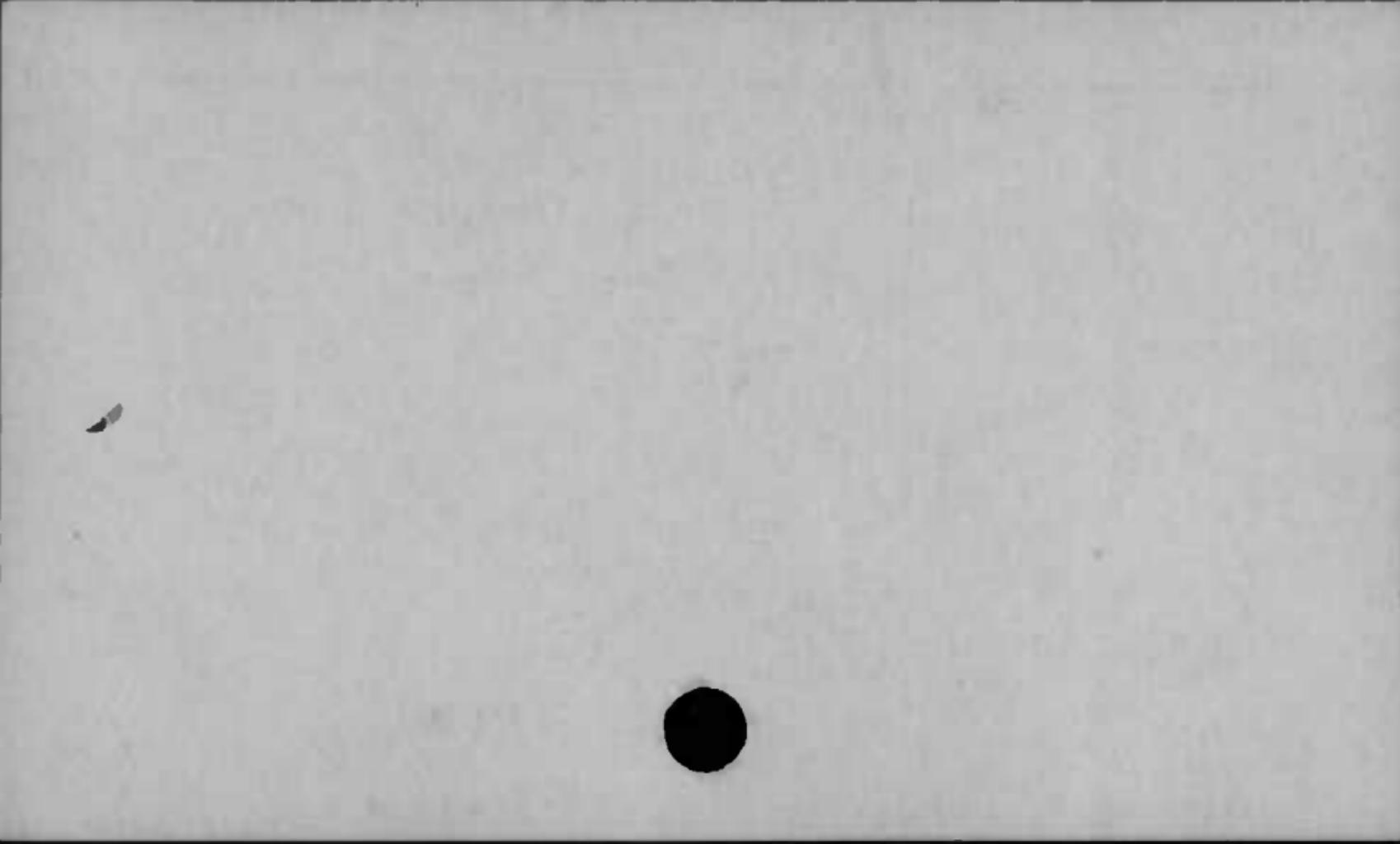


Name in Full

**Certificate of Death**

F. William Hintze		County Allegany			Occupation Laborer	
Died at Cumberland		Native of Germany			Number of children living 2	
Date 1962	Month July	Day 3	Age 79	M. -	D. -	
Male	White	Married	Widower			
Father	Strah	Age	64			
Husband of	Mother's Name					
Father's Name						
Cause of Death	Complication of diseases			How long sick 3 months		
	Immediate Thrombolyx - (6 hours)			Accident, Suicide, Homicide		
Reported by	C. S. Drape M.D.					
Address	Cumberland, Md					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Charles Hile

Town

County

Died at

Towson

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 02

July 11

Age 2

Male

White

Married

Widow

Divorced

Occupation

Female

Colored

Single

Widower

Number of children living

Husband of

\_\_\_\_\_

105

Wife

Father's

Name

Charles Hile

Mother's  
Maiden Name

Bertha Wilkerson

Cause of

Primary

Thunderstroke

How long sick

Death

Immediate

Acute meningitis

Accident, Suicide, Homicide

Reported by

Howard Johnson

Address

Baltimore

Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Vincent Hochard

Town

County

Died at

Amherst

Blugard

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

A Hochard

Mother's

Maiden Name

105

Cause of

Primary

Infantile diarrhea

How long sick

2

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Claybrook

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



John J. Johnson

Town

County

Died at

Chamberlain Allegany

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	7	24	Age 5	Mos		Chamberlain	
Male	White		Married		Widow	Divorced	
Female	Colored		Singl		Widower	Number of children living	

Husband of

Wife

Father's Name

J.W. Johnson 105 Elizabeth Cunningham  
Mother's Maiden Name

Cause of Death

Primary

Diphtheritic Diphthog

How long sick

3 weeks

Immediate

Cerebration of brain

Accident, Suicide, Homicide

Reported by

ER Bleday Brown MD

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs E. J. James

Town

County

MARYLAND

Died at

Burkland

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

allegany

allegany

a Hawaiian

81

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

the late J. W. James

Father's

Mother's

Name

Maiden Name

Cause of

Primary

apoplexy

but

How long sick

not at all -

Death

Immediate

Accident, Suicide, Homicide

Reported by

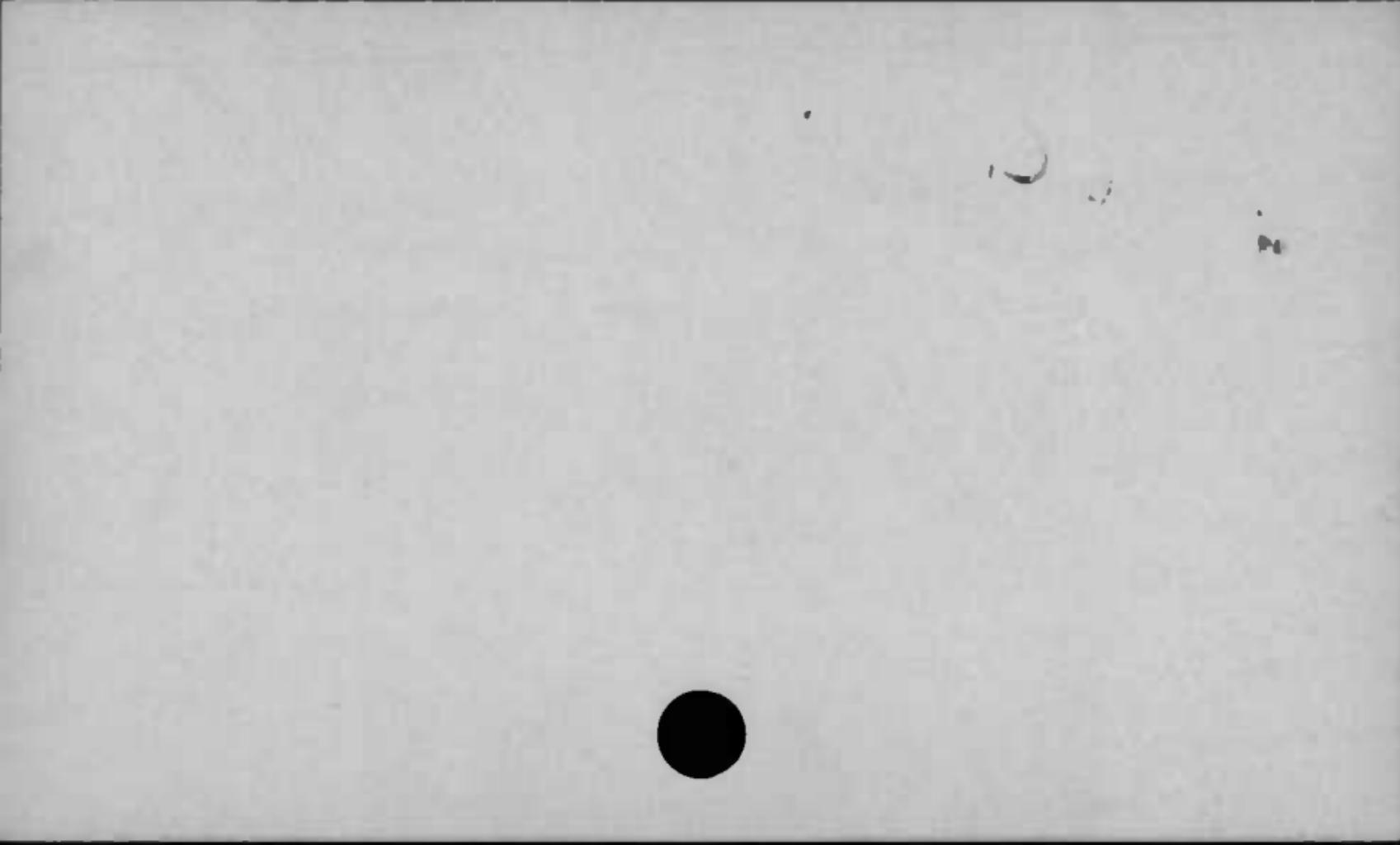
W. W. Wiley

Address

Burkland



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Carl Kinkhoper

Town

County

Died at

MARYLAND

Cumberland Allegany

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

Age  
Married

7-6 -

Widow

Divorced

Female

Colored

Single

Number of children living

Husband

Wife

Father's

Mother's

Name

Maiden Name

John Kinkhoper

W.W.

Cause of

Primary

drovend

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm J. Turner Coroner

Address

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Fairy Adella Koontz

Town

County

Died at

MARYLAND

Cumberland

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

July 10

27

MD

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Ans E Koontz

Mother's Maiden Name

Phuma A Elbin

Cause of

Primary

Scrofula

How long sick

Death

Immediate

35

Accident, Suicide, Homicide

Reported by

H. W. Brownrup

1000 Adams

Address

J



C. L. -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Leoda L. Lindner

Town

County

Died at Cumberland

MARYLAND

Month Day

Y. M. D.

Native of

Occupation

Date 1902

7 17

4-2

Md

Infant

Male

White

Age  
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of Joseph M. Lindner

Wife

Father's

Name

Cause of

Primary

Gastro-Enteritis

How long sick

Death

Immediate

F. L. Lindner

one week

Accident, Suicide, Homicide

Reported by

F. N. Fochs

Address

X



Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Town

County

MARYLAND

Died at

Crown

Hager

Allegany

Month

Day

Y.

M.

D.

Native of

Date 19

02

July 27

Age

19

-

-

Occupation

-

Male

White

Married

Widow

Divorced

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

79

Cause of

Primary

How long sick

Death

Immediate

Same time

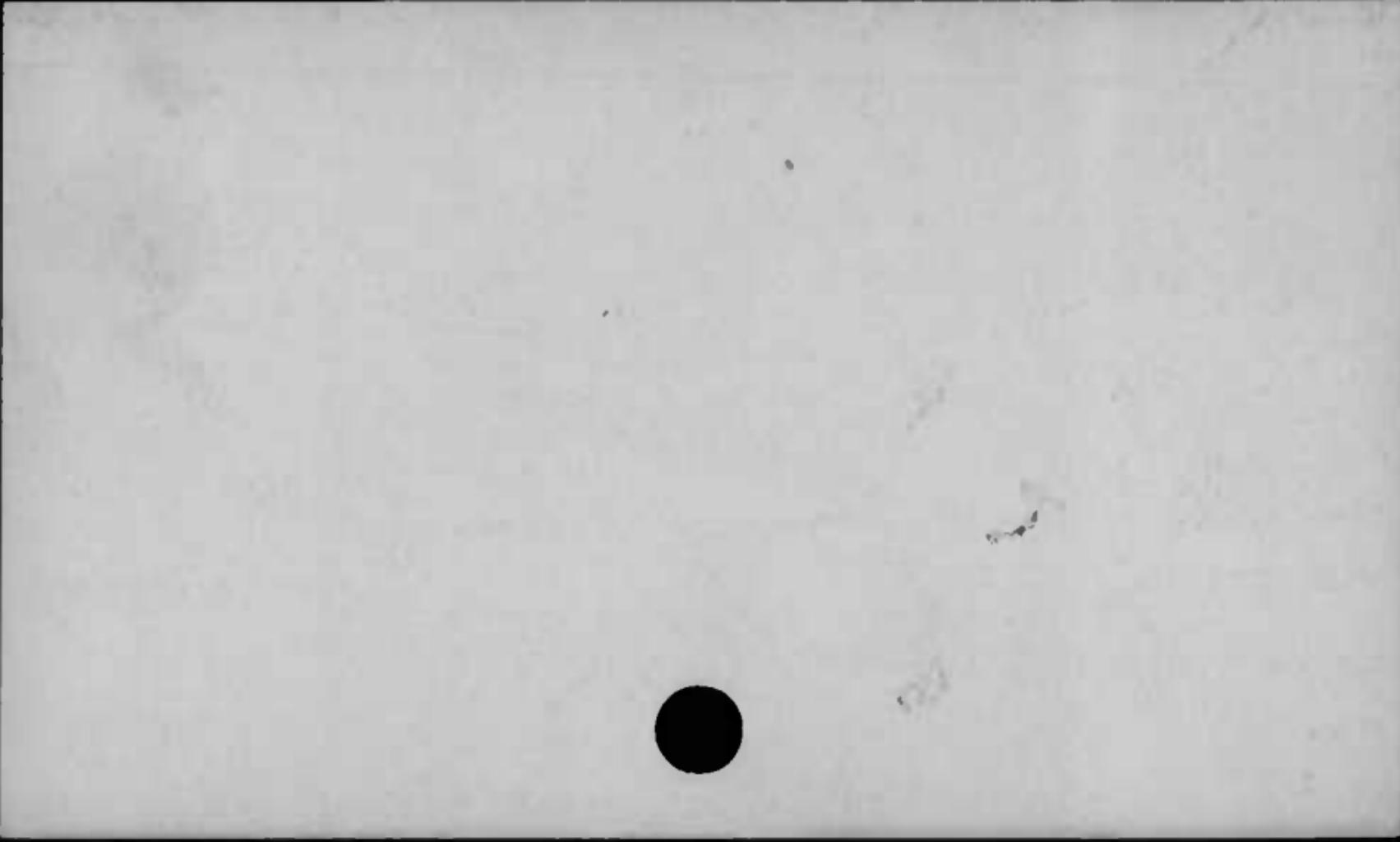
Accident, Suicide, Homicide

Reported by

Oskay Frank

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

William Lawrence McFarland

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Died at	Cumberland		Alleg.		MARYLAND		
Date of death 190	Month	Day	Years	Age	Months	Days	
2	Aug	23	1	1	0	7	
Sex	Male	Color or Race	white		Birth-place	md	
Married, Single or Widowed	Single		Occupation		None		
Name of Wife or Husband	None						
Father's Name	Wm. L. McFarland				Father's Birthplace	Wva	
Mother's Maiden Name	Maud V. Mickey				Mother's Birthplace	Pa	
Name of person giving information	W.L. McFarland				How related to deceased	Father	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Enter. Colitis		How long	6 days
Immediate	Collapse		How long	3 hours
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	W. J. Brace
			Address	Cumberland
J				
Accident or Suicide?				

11"

Name in Full

Certificate of Death

Mary W. McKenzie

Town

County

Died at

Varro's Park

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Male

White

Age 29

- - -

Y.

M.

D.

Native of

Female

Colored

Married

- - -

Widow

Divorced

Female

Colored

Single

- - -

Widower

- - -

Number of children living

2

Husband's  
of

Henry W. McKenzie

Wife

Mother's

Father's

Maiden Name

Name

Cause of

Primary

How long sick

Heart Failure

- - - - -

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm J. Conner

179

Conner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

John



No name Infant of Anna May

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

7 16

Age 7 Hours

Md

none

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband  
of  
WifeFather's  
NameMother's  
Maiden Name

Anna May

Cause of

Primary

Premature Birth

How long sick

Death

Immediate

7 hours

Accident, Suicide, Homicide

Reported by

E. N. Fockelman M.D. 151

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mrs Strong

Name in Full

Certificate of Death

Elizabeth Catherine Minneks

Town

County

Died at

Anne Arundel

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

7 31

Age 51

-

-

-

Male

White

Widow

Housing

Female

Colored

Married

Divorced

Number of children living

5-

Husband of

John Minneks

Wife

Mother's

Father's

Maiden Name

Name

Rice

Cause of

Primary

Paralysis

66

How long sick

Death

Immediate

Convulsion

1 year

Accident, Suicide, Homicide

Reported by

H. H. Stansbury

Anne Arundel, Md

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



*Samuel Neel*  
 Town *Cruska* County *Allegany*  
 Died at *MARYLAND*

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	July	27	4	28	-	-	-
Male	White	Age	Married	Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		

Husband of

Wife

Father's Name

*Washington Neel* Mother's

Maiden Name

Cause of Death

Primary

*Attack of Brain*

How long sick

*5 days*

~~Accident, Suicide, Homicide~~

Reported by

*EB claybrook*

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

*J*



Ida L Perry

Town

County

Died at

Lansdale

MARYLAND

Month Day

Y. M. D.

Native of

Date 1902

July 30

Age 5

place

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

6

Husband of

Wife

Father's Name

Henry Perry

Mother's

Maiden Name

105

May Pant

How long sick

Cause of

Primary

Cholera infantum

40 days

Death

Immediate

Convalesc

Accident, Suicide, Homicide

Reported by

J. J. Jossellian

Address

Lansdale md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm Harold Porter

Died at Town County Eckhart alleys: MARYLAND

Date <u>1902</u>	Month <u>July</u>	Day <u>8</u>	Y. <u>—</u>	M. <u>10</u>	D. <u>—</u>	Native of	Occupation
Male	White	Age <u>Married</u>	<u>Widow</u>	<u>Divorced</u>			
<u>Female</u>	<u>Colored</u>	Single	<u>Widower</u>	<u>Number of children living</u>			

Husband of

Wife

Father's Name

Lincoln Porter

Mother's Name

W.H.

Cause of

Primary

How long sick

4 weeks

Death

Immediate

General Tuberculosis,

Accident, Suicide, Homicide

Reported by

Blue Crumwell.

Address

P Eckhart mines, Ind.



Purintan

720

Town

County

MARYLAND

Died at

Cumberland

Month Day

Y. M. D.

Date 1952

July 31

Age

16 hrs

Native of

MD

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

151

Wife

Father's Name

Orpha B Purintan

Mother's

Maiden Name

Lizzie Workman

Cause of Death

Primary

Premature Birth

How long sick

Death

Immediate

Ethnography

Lip

Accident, Suicide, Homicide

Reported by

E. L. Broo Dr. M.D.

Address

10510 ave



Ceb

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Irene Rafter

Town

County

MARYLAND

Died at

Crown City

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 July 19

Age

- 4-3

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

105

Wife

Father's Name

Irene Rafter

Mother's Maiden Name

Lulu Rivers

Cause of

Primary

Cholera infantum

How long sick

2 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

O B Clappcock

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

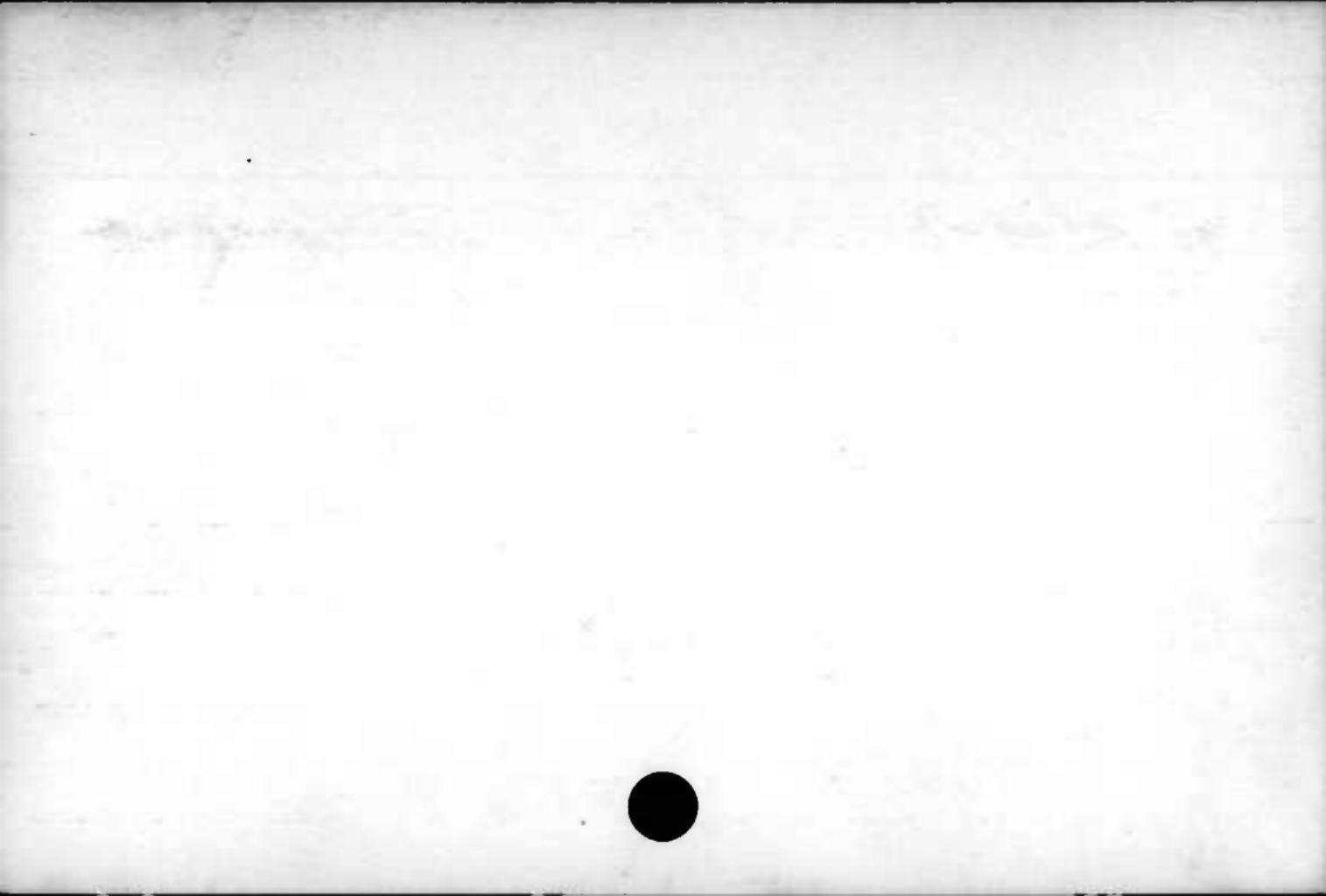
PHYSICIAN  
OR CORONER



Geo. Gifford Rankin				CERTIFICATE OF DEATH			
Died <u>July 11</u> <small>TOWN</small>		Allegany <small>County</small>		MARYLAND			
Date of death 1902	Month July	Day 11	Age 41	Years 41	Months 8	Days 1	
Sex Male	Color or Race White	Occupation None	Birth-place Lonaconing				
<input checked="" type="checkbox"/> Single							
<input checked="" type="checkbox"/> Widowed							

Name of Wife or Husband	James Rankin Jr.	Father's Birthplace Scotland
Mother's Maiden Name	Lucinda Cott	Mother's Birthplace Scotland
Name of person giving Information	Mrs James Rankin	How related to deceased Mother

CAUSES OF DEATH		29
Primary	Tuberculosis (Tubercular)	How long 2 months.
Immediate	Inury	How long —
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician Address	
Yes	E. B. Skilling Lonaconing	
Accident or Suicide?		



Name  
in  
Full

Harriett May Ravenscroft

CERTIFICATE OF DEATH

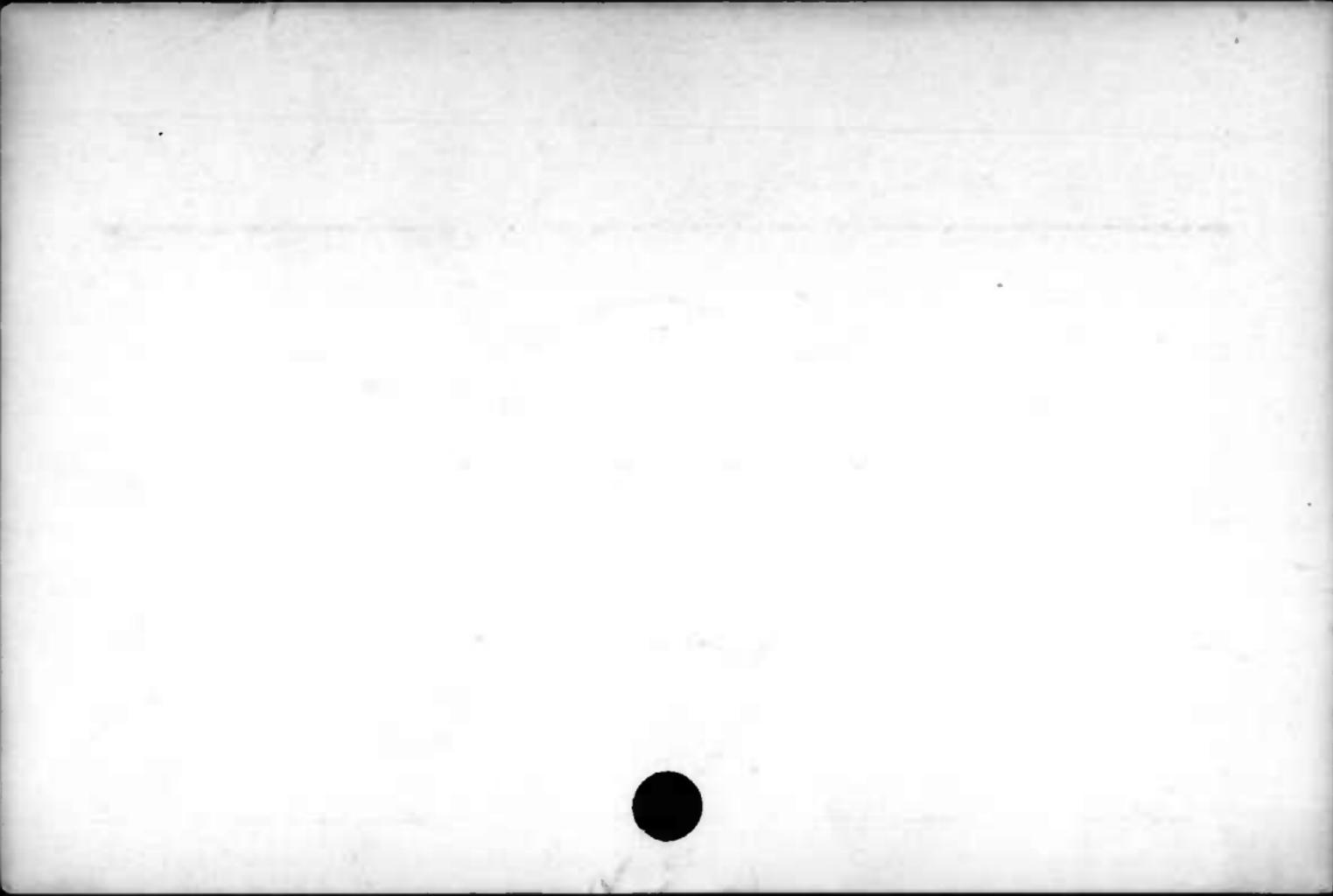
TO BE ANSWERED BY  
NEAREST FRIEND

Died at Sonacoming		County Allegany		MARYLAND		
Date of death 1902	Month July	Day 27	Age —	Years —	Months 3	Days 19
Sex Female	Color or Race white	Birth-place Sonacoming				
Married, Single or Widowed Single		Occupation house				
Name of Wife or Husband —						
Father's Name	Harry H. Ravenscroft					Father's Birthplace Allegany Co. Md.
Mother's Maiden Name	Maggie Jane Replinger					Mother's Birthplace Wittenport, Md.
Name of person giving Information	Maggie J. Replinger					How related to deceased mother

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Malaria 105		How long from birth
Immediate	Enter - Colitis		How long 3 weeks
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician James Q. Bullock	
		Address Sonacoming	
Accident or Suicide?			



Vance Monroe Riley

Town

County

Died at

Gardiner

Allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Age

- 41 -

Native of

Occupation

Male

White

Married

Widow

Divorced

Foster

[redacted]

Single

Widower

[redacted]

Number of children living

3

Husband  
of

Wife

Father's  
Name

James Riley

Mother's  
Maiden Name

105

Cause of

Primary

Enterocoletis

How long sick

Death

Immediate

Exhaustion

2 weeks

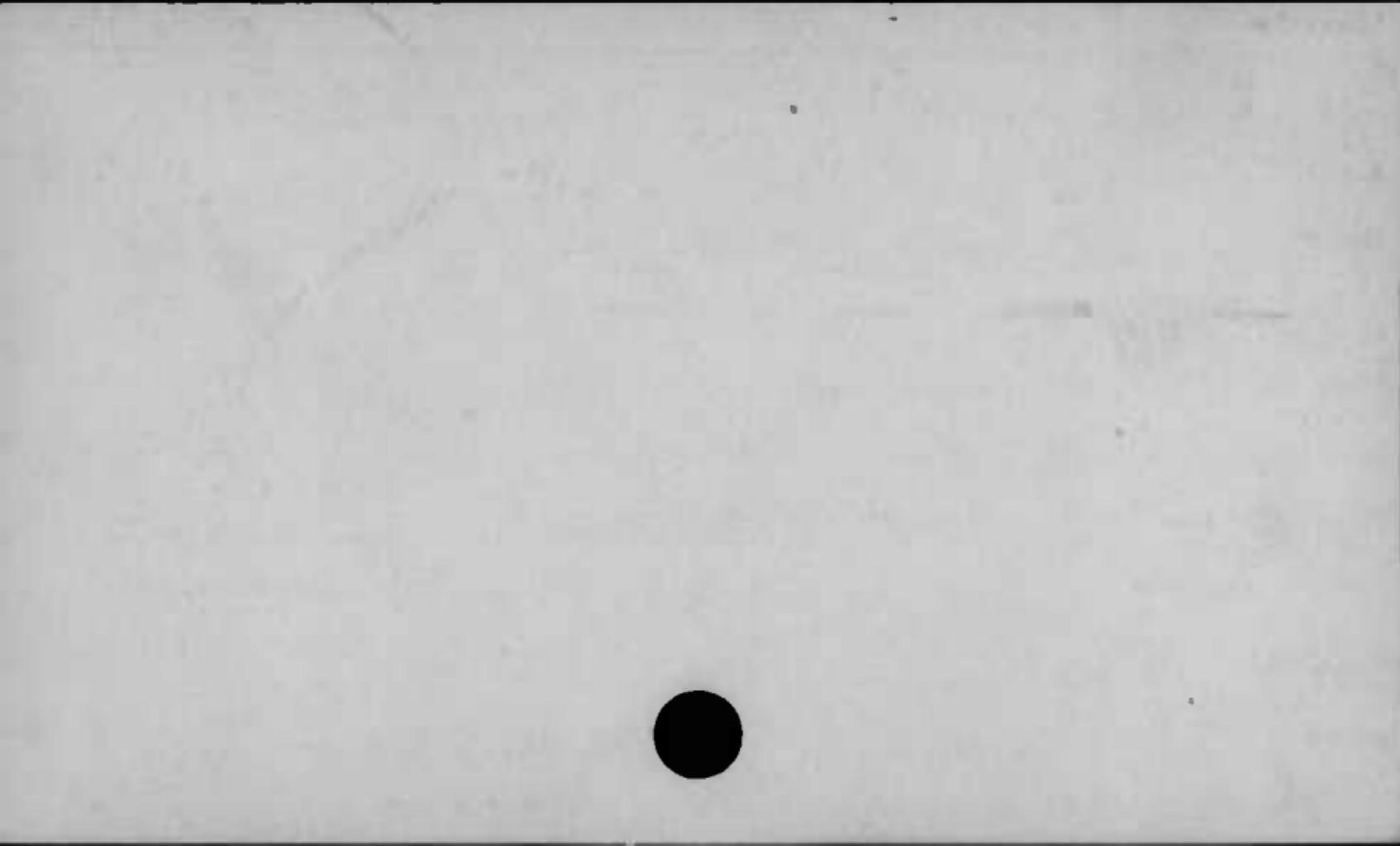
Accident, Suicide, Homicide

Reported by

Dr. Claybrook

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Raymond Rodney

CERTIFICATE OF DEATH

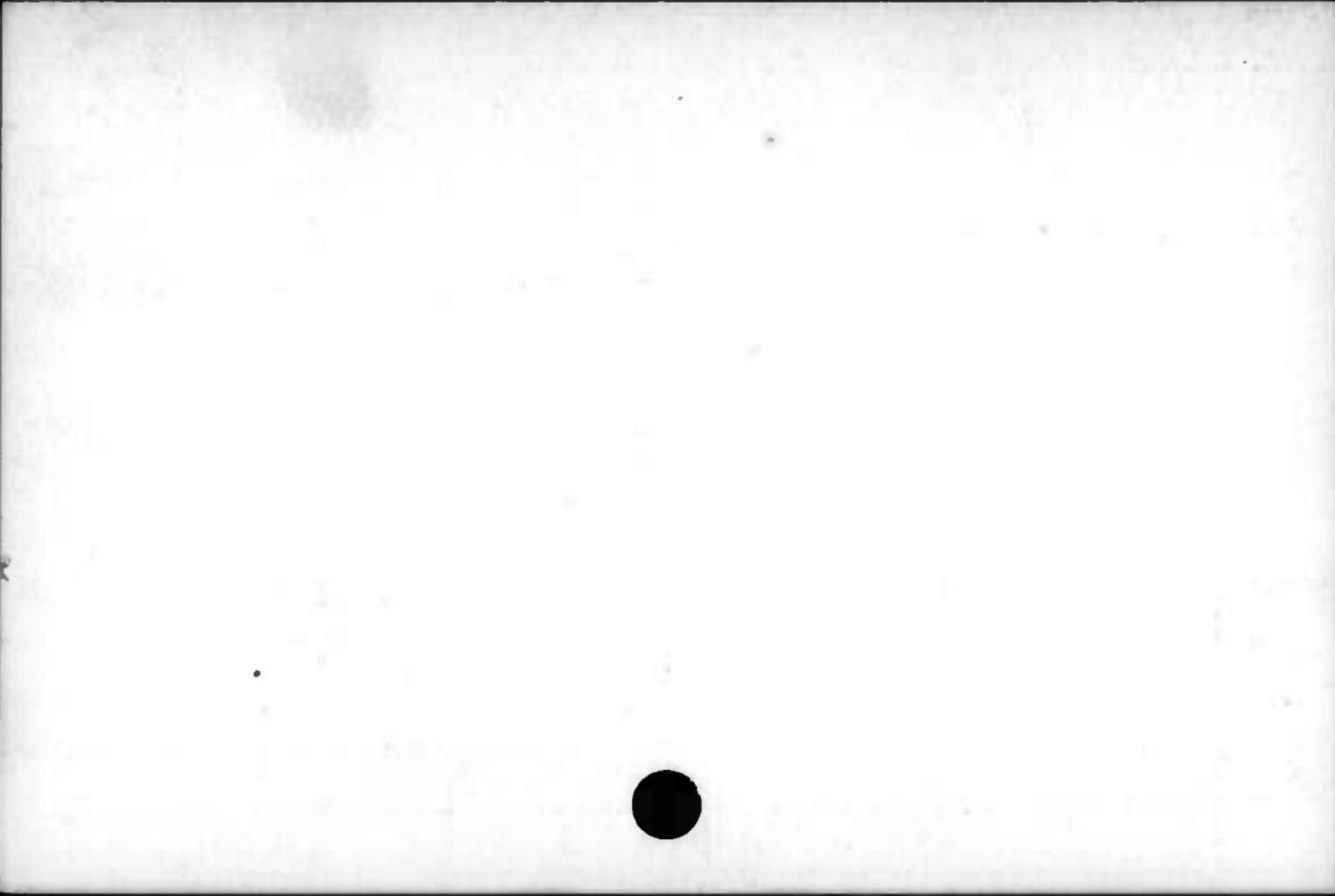
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Cambridge</u> - Date of death <u>1902</u> <u>July</u>		Town	County <u>allegany</u>	MARYLAND	
Month <u>July</u>	Day <u>12</u>	Age <u>14</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md.</u>			
Married, Single or Widowed <u>Single</u>		Occupation <u>Labour &amp; School boy</u>			
Name of Wife or Husband					
Father's Name <u>James O. Rodney</u>		Father's Birthplace <u>Pa.</u>			
Mother's Maiden Name <u>Annie H. West</u>		Mother's Birthplace <u>Pa.</u>			
Name of person giving information <u>Father O. Rodney</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Stomach</u>	How long <u>3 days</u>
Immediate <u>Chastion</u>	How long <u>~</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Thos. H. Tracy, M.D.</u>
	Address <u>Braddock Landing</u>
Accident or Suicide? <u>~</u>	<u>M.D.</u>



~~Naoma H Ross~~ Ross

Town

County

MARYLAND

Died at	Gloucester	Allegany								
Date	1902	Month	July	Day	23	Y.	M.	D.	Native of	Occupation
	Male	White	Age	7	3	me	dead			
	Female	Colored	Married	Widow	Divorced					
			Single	Widower	Number of children living	1				

Husband  
of

Wife

Father's  
Name

Charles E Ross

Mother's  
Maiden Name

Elizabeth Foy

How long sick

Cause of

Primary

Whooping Cough

3 weeks

Death

Immediate

Compound

Accident, Suicide, Homicide

Reported by

Gloucester

Address

Gloucester

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

Robert Russell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

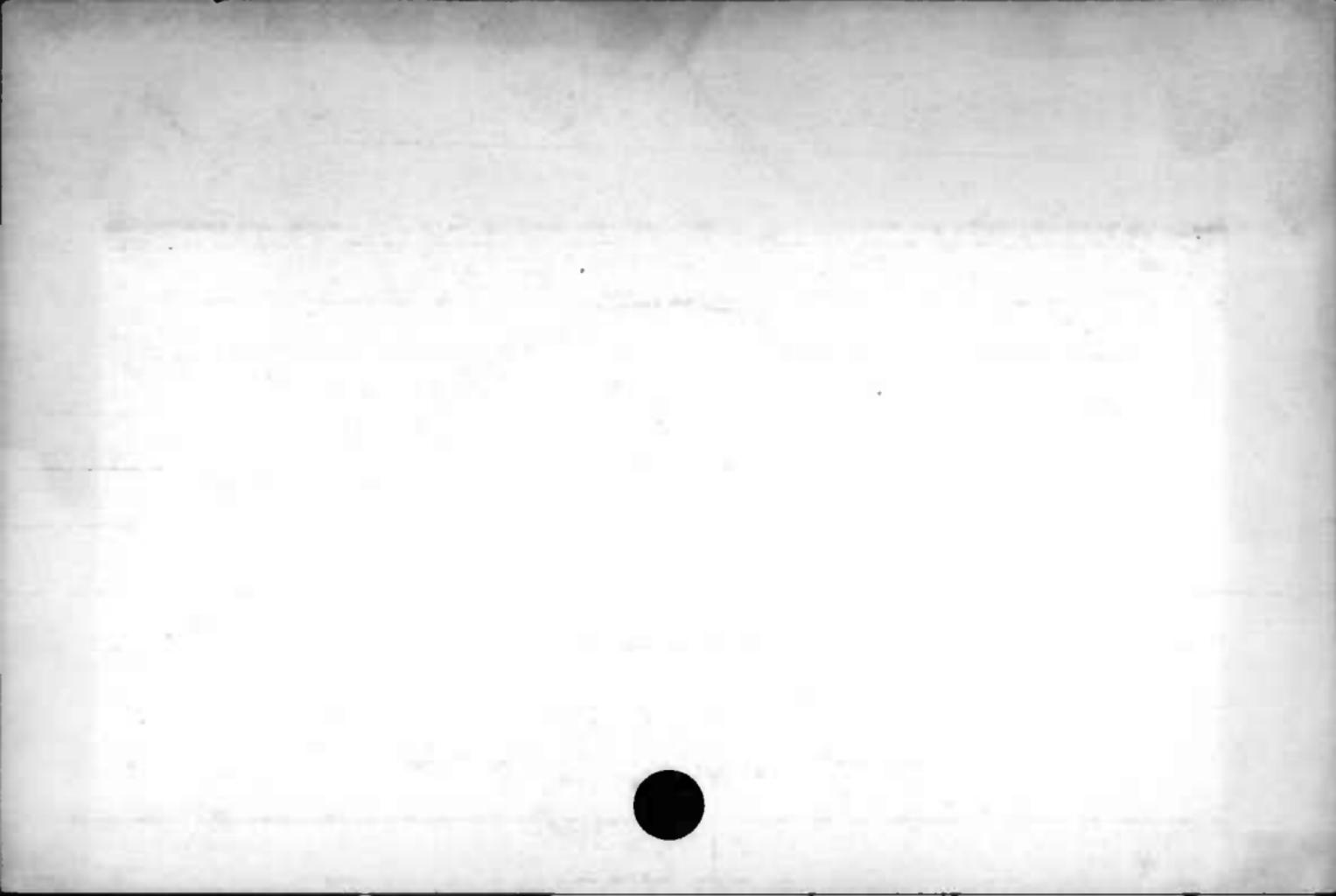
Died		Town	County		MARYLAND		
Date of death 190	Month	Day	Age	Years	Months	Days	
Sex	Color or Race	Occupation					
Married, Single, or Widowed							
Name of Wife or Husband							
Father's Name	Russell			Father's Birthplace	Scotland		
Mother's Maiden Name	not known			Mother's Birthplace			
Name of person giving Information	John Russell			How related to deceased	Son		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Locomotor Ataxia	How long	2 yrs and
Immediate	apoplexy	How long	7 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	W B Skilling
		Address	703 Skilling Lonaconing
Accident or Suicide?			

9



Mathilda Schaeck (Schaeck)

Town

County

MARYLAND

Died at Germantown

Month Day

Y. M. D.

Native of

Occupation

Date 1902

July 4

Age 86

Male

White

Married

Widow

Female

Colored

Single

Widower

Divorced

Number of children living

2

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Aged

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

John Schaeck

Address

8 Germantown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hermann Steele

Town Reedysburg Park County Allegany

Died at

MARYLAND

Month July Day 17Y. 19 M. 02 D. 32

Native of

Occupation

Date 19

or

Month July Day 17Y. 19 M. 02 D. 32

Native of

Occupation

Male

White

Age 32 Marital Status

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

One

Husband of

Wife

Father's Name

Henry Steele

Mother's Maiden Name

28

Cause of Death

Primary

Meungitis, tubercular

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

F. B. M. C. M. D. M. D.

Address

Cumberland

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at

Town

County

MARYLAND

Thomas Sleivert-  
Cumberland Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 9<sup>th</sup>

Age

about 35 years

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Unknown

Mother's

Maiden Name

Unknown

Cause of

Primary

Acute Alcoholism

How long sick

Few hours

Death

Immediate

Concussion

Accident, Suicide, Homicide

Reported by

Wm. L. Conner

Coroner

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Baby Strauss

Town

County

MARYLAND

Died at

Cumberland Allegany

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

July

7

Age

- - -

6

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

J. H. Strauss

Mother's

Maiden Name

Anna Redman

15

Cause of

Primary

How long sick

Death

Immediate

For natural birth

Accident, Suicide, Homicide

Reported by

Insuition

Address

R. H. Hawken M.D.

Cumberland.

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Anna

Strong

MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Chamblee		02	7 15	87	10		Md.	Housewife
Date 19	Male	White	Age	Married	Widow	Divorced	Number of children living	
	Female	Colored		Single	Widower			

Husband of	Joseph Strong (Deceased)	
Wife		
Father's Name	Valentine	
Mother's Maiden Name		

Cause of Death	Primary	Valvular Disease of Heart	How long sick
	immediate	Dyspnoea & Cyanosis	6 months
			Accident, Suicide, Homicide

Reported by	W. B. Wilkins	79
-------------	---------------	----

Address	Chamblee, Md	
---------	--------------	--

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Marion C. Tennant

Died at		Town	County				MARYLAND
Date	1902.	Month	Day	Y.	M.	D.	Native of
		7	18	Age 13	1		Maryland
				Married	Widow	Divorced	Occupation
				Female	Colored	Single	Maryland School Girl
							Number of children living 4

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

James Tennant

Fag Tennant Elizabeth Crise

Primary Pneumo - Typhoid one month

How long sick

Immediate

Accident, Suicide, Homicide

Dr. W. S. Howard

Vale Summit Maryland

Attended by Dr.

O. F. Weeks

Seen by Doctor

Perry Gravayd

Information contained in this certificate  
received from

Sophia Russo  
 Town: Terrellwood  
 County: Allegany

MARYLAND

Died at	Month	Day	Y.	M.	D.	Native of	Occupation
Date 1902	July	8	Age	80		Germantown	widow
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	4

Husband  
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of	Primary	Leiocardium (diarrhoea)	How long sick
Death	Immediate	Obstruction	Accident, Suicide, Homicide

Reported by

Physician

106

Address

Terrellwood

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

i



Mary A. Whisner

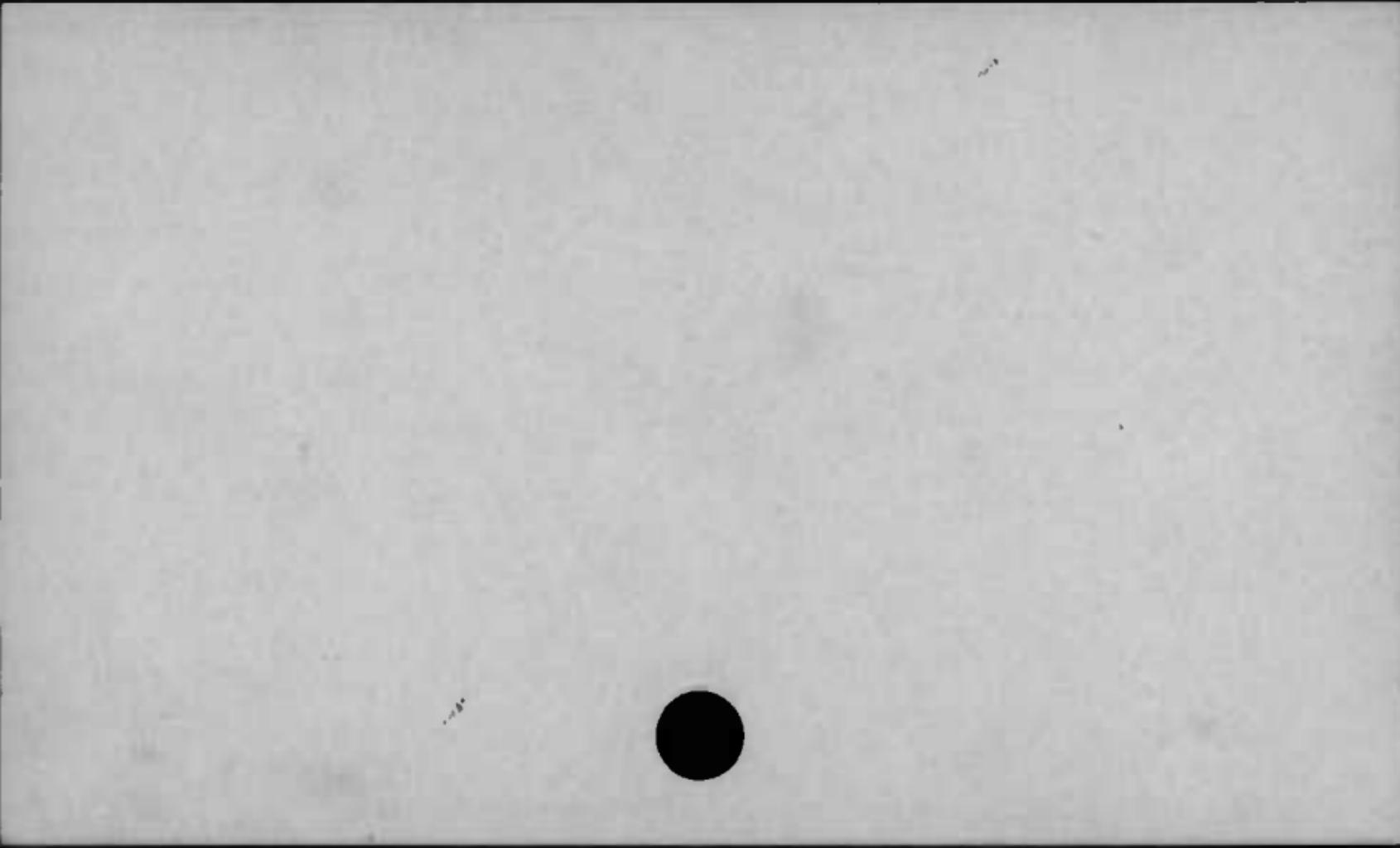
Town Cumberland County MARYLAND  
 Died at Cumberland Month July Day 5 Y. 57 M. 0 D. 13 Native of W.Va. Occupation Housewife  
 Date 1902 Age 57 Sex Female Marital Status Married Widow Divorced  
Male White Female Colored Single Widower Number of children living 3

Husband of Samuel E. Whisner  
 Father's Name Samuel E. Roby Mother's Maiden Name Margaret Roby  
 Cause of Death Primary Tuberculosis How long sick about 1 year  
 Death Immediate Exhaustion 2 Accident, Suicide, Homicide  
 Reported by K. L. Broadbalk MD  
 Address 100 Tracy City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.







Ella Wilkes

Town

County

MARYLAND

Died at

Cumberland Allegany

Month

Day

Y.

M.

D.

Native of

Date 19

12

14

Age

36

6

14

Male

White

Married

Widow

Occupation

House Keeper

Female

Colored

Single

Widower

Divorced

Number of children living

5

Husband of

Samuel Wilkes

Wife

Mother's

Father's

Maiden Name

Name

Cause of

Primary

Dysentery

How long sick

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

Jno. H. Tompkins

Address

163 1/2 Mechan.

Roxbury

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Leufau f. Carl C. Willison

Town

County

Died at Cumberland

MARYLAND

Month Day

allegany

Y. M. D.

Native of

Occupation

Date 1902 July 6

White  
ColoredAge  
MarriedWidow  
Widower

Divorced -

Male

Single

Number of children living

Female

Husband of

Wife

Father's Name

Carl C. Willison

Mother's

Maiden Name

Leila S. S.

Cause of Death

Primary

Eclampsia

71

How long sick

12 hours

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Rev. W. T. Ford, M.P.

Address

Cumberland

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Fela Willison

Town

County

Died at

Cumberland

allegany

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

Female

White

Colored

Age 19  
Married

Single

Widow

Widower

Divorced

Number of children living

Husband of

Carl. T. Willison

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Peritonitis

Brothman's

How long sick

1 week

Death

Immediate

Chancery

116

Accident, Suicide, Homicide

Reported by

Rev. A. T. Foor

Address

Cumberland, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Baby Wiener

Town

County

Died at

Cumberland, Allegany

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

July 28

Age

- -

/

/

/

/

Male

White

/

Widow

Female

Colored

/

Widow

Divorced

Number of children living

3

Husband of

Wife

Father's

Name N. R. L. Wiener

Mother's

Maiden Name

Elizabeth Young

Cause of

Primary

How long sick

Death

immediate

Still Birth

Accident, Suicide, Homicide

Reported by

E. B. Claybrook

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

